

## BIBLIOGRAPHICAL NOTICES.

XIX. D. FRANCISI CAROLI NAEGELE, *Professoris Heidelbergensis, Epistola ad Theodorum Fredericum Baltz, M. et C. D. qua Historia et Descriptio Aneurysmatis quod in Aorta Abdominali observavit, continetur, addita tabula aenea.* Heidelb. 4to. pp. 18. pl. 1.

Aneurism of the inferior part of the abdominal aorta is a disease of rare occurrence, while nothing is more common than to find the arch of the aorta in this condition. It is, therefore, not surprising, that the true character of the disease, when it takes place in the first mentioned situation, should not be immediately and clearly recognised; and this renders it desirable that an accurate record should be kept of such cases as may fall under the observation of practitioners. Professor NAEGELE, in his epistle to Dr. Baltz, has given a very interesting account of an instance of aneurism of the aorta, occurring just above its division into the common iliacs, which we here translate for the benefit of our readers.

The patient was a lady, who, with the exception of a slight curvature of the spine, caused while at school, was of large stature, and firmly built, though graceful and well-proportioned. At the time of her death she was thirty-three years old. She was one of a considerable number of children of the same parents, and her father, who died of hydrothorax when seventy-two years old, was subject to gout and rheumatism, as were some of his sons also. In her infancy, her dentition was accompanied by many difficulties; and from her fifth to her sixth year, she suffered much from ophthalmia. About this time the slight flexure of the spine was perceived, for which some mechanical contrivance was worn. From fourteen to seventeen her health was very imperfect, and she was often affected by oedema of the feet, which at the same time were covered by brown spots. Menstruation began at seventeen, and continued with perfect regularity throughout her life. At the age of twenty-two she married, and except some rheumatic pains, and slight fevers, enjoyed for several years good health, being of robust constitution, and very beautiful. Her temper of mind was severe, sad, and easily yielding to the influence of imagination, which could not be excited to the least liveliness, nor hilarity. Her attention was exclusively devoted to domestic affairs, and the care of her health, which in fact received more than a due share of regard. Her relatives had no knowledge of her ever having suffered any violent blow, or other mechanical injury that could have given origin to her disease.

Her first pregnancy increased her sadness and moroseness. She sometimes complained of pain; and in the seventh month was delivered of a dead and putrescent child. She soon recovered her usual health, but during the next year the brown spots on her feet ulcerated, and remained incurable. At the same time, a tumour formed on her left knee, which sometimes increased, and at others diminished, according to the state of the weather. Her second pregnancy

terminated in the eighth month by the birth of a dead child. During this pregnancy she suffered greatly from anxiety about the praecordia, which, with her usual sadness, was much increased by dread of again having a still-born infant. The third pregnancy was not more fortunate than the former: her anguish increasing at each period, and her mind tormented by fear. Hence she was desirous of taking medicines, and of seeking the best medical aid, both because she was exceedingly desirous of living, and of bearing a living child. Although she was of a fine figure, and except the left hip being a little higher than the right, no irregularity could be discovered in the pelvis, yet in her fourth pregnancy her physicians persuaded her to keep in a reclining posture as much as possible, because they believed her unfortunate miscarriages to be caused by some deformity of the pelvis; to this advice she yielded such implicit obedience as actually to pass four months almost entirely in a horizontal position, notwithstanding all the inconveniences and increased suffering it produced. At length her sufferings became so great that it could no longer be endured. Fourteen days sooner than natural she was affected by parturient throes, which subsided for eight days, at which time she was delivered of another dead infant.

Her fifth and last pregnancy was attended by an accumulation of all her distresses; her mind being continually racked by fear of producing another dead child, and her imagination filled with sad and horrible fancies. Having observed that her three preceding deliveries commenced about a fortnight before the usual time, and the orifice of the womb was then dilated, though the pains ceased, and at some future time the birth of an inanimate fetus ensued, the physicians, resolved to observe this commencement of the pains more closely. Finding that the labour came on as before, and observing at the time signs of life in the child, they turned, and delivered it without delay. It was a very delicate and emaciated infant, but gave some signs of being alive. The placenta was of firm texture, and having a dense, sharp, solid, and almost cartilaginous margin; over its surface many earthy concretions or ossifications were scattered; the condition of the placenta in her other labours had been somewhat similar.

To œdema, coldness, and dryness, as well as occasional ulceration of the feet, she was always subject; and the swelling of the feet appeared to afford relief to her pectoral distress. The skin of the feet became hard, rough, crusty, and rugose, occasionally desquamating, and having the appearance of belonging to an old woman.

For the last four or five years of life she was afflicted with palpitations of the heart, which often intermitted for a long time, yet always returned more vehemently, accompanied most frequently with an equal, but stronger sense of pulsation in the abdominal aorta. Gradually these attacks became more frequent; varying in force; returning at night when not felt during the day time. Every thing affecting the mind increased the palpitation; the excitement of coition during the three last years of her existence, uniformly caused the most dreadful fits. She was subject to vast pain, constriction of the chest, impairment of circulation, congestions of the head, &c. Her physician at this time believed her disease to have been dropsy of the pericardium, and treated her accordingly; and of course in vain. A very skilful physician, who attended her closely

during eight days of the next year, was induced by the symptoms to believe that her disease was aneurism of the aorta; and from the distress and suffering experienced in the thorax, and some difficulty of swallowing, he concluded it to be seated about the arch of the vessel; a conclusion which led him to neglect any examination of the abdomen.

In November of 1814, she had at night a dreadful attack of palpitation, extreme anguish, spasms, vehement dyspnoea, convulsions, loss of sense, paleness, coldness, &c. Indeed, she was believed to be dead, and was very slowly recovered. From what was told the author, he thought the attack to have been similar to that following violent uterine haemorrhage. It was five days after this attack, (16th November,) that professor Naegle visited her, not having seen her for half a year previous; he could scarcely recognise her. Her face was pallid and greatly changed, by emaciation; the slightest motion excited palpitation; the pulse was feeble, scarcely discoverable, and altogether irregular, and during the rest of her life, which ended on the 28th November, it was impossible to observe in it the slightest approach to regularity. Her breathing was free; the mind tranquil; feet cold. A hard oblong tumour situated a little to the left, extending from the superior to the inferior part of the abdomen, which pulsated vehemently but regularly, could be distinguished by applying the hand. The pulsation was so powerful, that pressure with both hands could not restrain or diminish it. As the patient's condition was so obvious, nothing could be done but to lessen her sufferings as much as possible. She died, however, in a few days.

*Examination of the body.—THORAX.* Except some slight adhesions, lungs sound; heart rather smaller than usual; great vessels altogether empty of blood.  
*ABDOMEN.* Bluish-black tumour in the hypogastric region, rather to the left side, prominent, and of the size of a human head. The intestines being removed from the tumour, its rounded part evidently occupied the abdominal aorta, yet not entirely. Its anterior surface covered by the peritoneum, was very smooth. The heart with the whole aorta was carefully removed; the tumour by itself, weighed nearly five pounds, apothecaries weight. The greater part of the tumour was composed of strata of coagulated blood, which being removed allowed the true character of the aneurism to be seen. The dilatation began about an inch and a half above the origin of the cælic artery, where the aorta traverses the crura diaphragmatis, and gradually increased down to the giving off of the renal arteries; immediately below which the true sac or greater tumour began to swell out, thence down to the extremity of the undivided part of the aorta, or to the bifurcation into the common iliacs. The total length of the dilated portion of the aorta was eleven inches; the great sac was very near six inches long and five inches in breadth. The caliber of the vessel was not altogether equally dilated, but more from both sides and in front. A very small chink or slit was found to the right of the origin of the inferior mesenteric artery, through which it is probable that shortly before death, blood escaped into the cellular texture, so that the aneurism, which was a *true* one from the commencement, had at length become what is termed *spurious*, and the immediate cause of death. This evidently was a true aneurism as all the arterial coats could be distinctly traced by the knife throughout the whole dilatation. Throughout the whole of this aorta, osseous points, squamules, and lamella were found in

two to six; differing from acne, being white and more elevated, seldom in groups, though two may sometimes coalesce. After remaining for some time stationary, if the digestive organs are deranged by errors in diet, the previously quiescent tumour will suddenly increase and suppurate.

*Cure.* The tumour should be excised by means of a dissecting forceps and scissors.

**ACNE SIMPLEX.—PENCTATA.**, can scarcely be called a disease of children.

*Sycosis capilliti*, is an obstruction of the follicles on the hairy scalp in children. The incipient tumours occur in clusters surrounded by a light vermillion blush, usually suppurate in eight or ten days; the ulcerated surface assuming the appearance of the pulp of a fig, (whence the name,) discharging a rancid smelling ichor.

*Cure.* If the inflammation is high, use the liq. plumb. subac. dilut. and a poultice, and when ulcerated, the poultice only when the inflammatory action has abated, ungt. hyd. nit. dilut. or lotio flava to the fungus. Internally, muriatic or sulphuric acid, with cascara and laxatives.

**URTICARIA. Nettle Rash.** This is too well known to require description; Mr. D. offers nothing new in the treatment.

**INFETIGO. Pustular, or Humid Tetter,** is non-contagious except in tropical climates, and "consists in an incrustation of the purulent discharge from those pustules, which have been denominated psydacia. These incipient psydacia appear either distinctly or irregularly scattered over an extended inflamed surface, or in clusters with a defined inflammatory blush surrounding them." When the pustules burst, the part becomes red and shining, and exhibits frequently a cibriform appearance. The discharge concretes into thin, brownish, yellow or olive-coloured crusts. The healing process begins usually in the centre and radiates towards the circumference.

*Cure.* If called early we may attempt to prevent the maturation of the pus-tule, by first removing the internal derangement of function, and touching it lightly with liq. plumbi or spt. rectif., or a drop of acet. aromat. on lint, or solut. argent. nitrat. In the inflammatory stage we should wash the part with tepid water, or a mild decoction of poppies, or apply a very thin bread poultice, and give an efficient purgative, and a mild laxative every morning with 8 or 10 grs. of potass. sulphas. or sulph. precip. grs. 10, twice a day. When inflammation is excessive, leeches or venesection may be resorted to. When inflammatory action subsides, and the disease assumes the chronic form, astringent lotions with alternatives or tonics may be used, such as solut. arg. nit. or lotio zincii, or lotio flava.

Sulphurous fumigation is here serviceable. A lotion of acid hydrocyanic, 5ij. alcohol, 3ss; aq. distillat. 3viss; has been extolled by Dr. Thomson. Sea bathing is useful. A lotion of potass. sulph. 3vj. aq. ros. vel distillat. 1b. ss. will sometimes allay the irritation in a few hours, though at first it is painful. It should be accompanied by the pil. hydr. grj. or ij. at night, and decoct. sarsa. 3ss. or potass. sulphuret. 3ss. twice a day. When debility is extreme, the decoct dulcamarae—the vegetable and mineral acids, cascara and columbo may be added. The encrusted parts should be covered with oiled silk.

**HERPES. Shingles.** "Herpes phlyctenodes (zoster or zona) consists of an eruption of transparent vesicles of varied size from that of a millet seed to that of a pea." Usually preceded for two or three days, by some local tingling and

a pink blush, accompanied by febrile symptoms. The smaller vesicles occur in defined clusters, the larger often separate. It is not confined to any portion of the body, but its most usual location is the dorsal and abdominal integuments, which are peculiarly predisposed to the eruption of the larger vesicles of the zona, which not unfrequently encircle the body. There is one variety of this disease which affects the corners of the mouth, and may surround it entirely, (it is termed labialis.) When it affects the male or female organs of generation, it assumes corresponding names, as genitalis, &c. The more rare and beautiful *herpes iris*, so called from its peculiar form and variety of tints, is observed only in young people, and requires the simplest treatment.

*Cure.* To avoid the convulsions and other sequelæ produced by the mere irritation of the vesicles, they may be cauterized after the manner of Geoffroy and Lisfranc. On the establishment of the disease, mild laxatives and diaphoretics should be freely used. A calomel powder, of grs. v. and the effervescent draught with a warm atmosphere and light diet will comprehend the necessary general treatment. The local treatment consists of mild tepid ablutions, the ungt. cetacei. on a burnt rag, and defending the part from the irritation of clothing.

*Herpes circinatus*, or vesicular ring-worm differs entirely in its mode of treatment, from the above. "The lotio aluminosa, or decoct. gallæ, or the solut. of the metallic oxides being fully adequate to its removal in a few weeks." The bowels should be attended to.

Under his second division Mr. D. includes several diseases which we do not think properly belong to the class of cutaneous diseases. Among these are sphyrax, nomæ, and œdema cellularis, we shall therefore waive the consideration of them.

**RUPIA—ECTHYMA.** In its incipient form, rupia consists of a broad, flattish vesicle; ecthyma, of the phlyzacious pustule, both terminating in circular imbedded incrustations.

*Treatment.*—In mild ecthyma lactantium the change of milk with a laxative will suffice. In children past weaning, more nutritive food with laxatives, and if there is much debility this draught twice or thrice a day, R. Tr. cascarilla. gtt. xij. Tr. Ferri. gtt. iv. aq. aurant. flor. ʒij. M. The simplest local applications should be used as ungt. cetacei. In the superficial ulceration from acrimonious discharge with itching, the ungt. opiat. dilut. is serviceable. In ecthyma cachecticum and rupia escharotica, where there are gangrenous eschars, and deep sloughing ulcers, the tonic plan must be decidedly employed, the patient should be sent into the country or to the sea-side.

In addition to the usual tonics pyroligneous acid in the following formula will be found to restore the tone of the stomach, R. aq. flor. aur., ʒij; ac. pyrolig., ʒj.; syrup. ʒj. M. coch. j. parv. ter die. Great advantage has been derived from chloruret of potass, gr. iv. ter die. Balsam of Peru in small doses will be usually of service. Minute opiates and warm bath to allay irritation. If mesenteric disease be present, mild mercurial alteratives may be used.

**PEMPHIGUS.** This disease is not epidemic in England; affects children from three to seven years old. It commences with rigor, followed by the hot stage of fever, which continues four or five days, when the pulse sinks, pulsating 100 in the minute, the child becoming very languid. Soon after this, clear vesicles

appear, without much surrounding inflammation: as these enlarge and become bullæ, the contained fluid changes to a straw-colour, the pulse sinks lower, prostration ensues, and the fever assumes the type of typhus mitior. If the case is irremediable, the child dies in five or six days from the eruption. The vesicles on the thighs and arms will sometimes extend to the length of three or four inches.

*Treatment.* A judicious treatment of the premonitory symptoms will probably prevent the disease; and this may have often resulted from venesection, emetics, and laxatives. When the vesicles appear it is best to puncture them, and then apply a lotion of plumb. superac. or weak solut. of arg. nit. and the warm bath. To these should be added the use of hyd. cum cret. or quinin. sulph. or cascara illa and mur. acid. or tart. ferri.

*PURPURA,* "consists of minute red points, termed *stigmata*, of small purple spots, or *petechiae*, formed by the coalescence of the stigmata, or of larger patches of a dark crimson, or purple colour, *ecchymoses* or *vibices*: the proximate cause being a subcuticular extravasation of blood."

*Treatment.* If purpura *simplex* arises from deficiency of nutrient properties in the milk, the nurse should be changed, or a light nourishing diet given; a mild laxative every second day, and tonics, if diarrœa should reduce the child, together with country air.

*Purpura hemorrhagica*, has occasioned a conflict of opinion among pathologists, some referring it to increased vascular action and others to debility. Without the exhibition of laxatives, either bleeding or tonics will be inefficient. Indeed laxatives by removing obstructions to the absorption of nutriment prove the best tonics. The first and second purge should contain calomel to act on the hepatic system. Mercury should not be long continued in purpura, though some recommend it to ptyalism. The best laxative is sub. carb. sod. with pulv. rhiz. If the indications of local congestion are present, diaphoretics and diuretics should be used. Blood must be abstracted cautiously "if it be resorted to, it must be in minute quantity." On the removal of local pain use tonics, combined with occasional laxatives, avoiding the use of direct stimuli. Even during the tonic plan very minute bleedings have been salutary in cases of the asthenic form.

*ICHTHROSIS.* *Fish-skin disease* results from a chronic inflammation of the cutaneous vessels, by which a peculiar deposition of diseased cuticle is effected. The morbid laminae are not deciduous. In the incipient stage the disease appears like a simple discolouration or cloudiness. As the disease advances, the laminae are elevated above the surface of the healthy cuticle, assuming a dirty yellow or dusky hue. In children they become rarely of a horny or tubercular character, but are of a dusky or grayish colour, and flat, having fissures of a darker colour, imparting a sensation resembling a coarse, dull file.

*Treatment.*—In the incipient stage the employment of moderate friction may succeed in arresting it. In the subsequent stages the squamæ may be removed by picking them off, and using the warm bath constantly; this is often successful in preventing a return; sulphurous fumigation will expedite this result. The nitro-muriatic bath renders the detachment of the scales more easy. Sudorifics or tonics should be administered. If the system is much debilitated, a laxative followed by solut. arsenic is of service. *Pilula picis* Dr. Bateman extols highly.

**CHLOASMA.** *Ephelis.*—*Macula hepatica.*—*Ephelide hepatique.*—*Leberflechte.* Is a symptomatic discolouration, often assimilating to the local stain lentigines, or sun spots, situated in the corium, appearing about the breast and arms interspersed with portions of skin of a natural hue; sometimes after a period becoming of a lighter colour than it was at first. It differs from freckles in its more irregular and indented margin, its wider extent, and occurring on parts defended from the sun. It is sometimes attended with a pricking sensation.

*Cure.*—Saline purgatives are most efficacious when the stain is recent, and mineral and vegetable acids with tonics when chronic, together with some stimulating lotion, as acet. acetosum.

Under the third division the first that presents is—

**ROSEOLA.** *Rose-rash.* “An efflorescence of a rose, or bright crimson colour, symptomatic of derangement in the visceral functions, or of dentition, or accompanying acute febrile diseases.”

*R. infantilis* is a bright rose-coloured eruption incident to infancy, disposed in patches on a light blush-coloured surface, or diffused, assuming the serpentine or semilunar form, (like rubeola,) and is often transitory. The chief cause is the irritation of dentition.

*Treatment.*—A laxative every, or every second morning, with alteratives, and free incision of the swollen gums, comprises the treatment.

*R. astiva*, and *R. autumnalis*. The first intimately resembling rubeola sine catarro, occur in the hotter months. Swallowing cold liquids by a child heated with exercise will occasionally produce serpentine, and circular patches of a dull crimson; this is *R. astiva*. The *R. autumnalis* arises from the same causes, but appears in circular or oval spots, of a lake colour of different shades. A mild emetic, laxatives, sudorifics, and light food, constitute the treatment essential for these eruptions.”

*R. vaccinia* and *variolosa* are treated of under the heads of their associated diseases.

**ERYTHEMA.** A diffused redness of the skin, marked by, or accompanying various degrees of excitement.

*E. simplex* consists of patches of dull crimson, irregularly spread over the surface, usually on the face, breast, and arms. It occurs sometimes in cases of slight diarrhoea, or from the accession of pain during dentition, or from certain kinds of food, as arrow-root; when it arises from derangement of the prime viz it is mostly evanescent, (*E. fugax.*) Sometimes it is combined with oedematous swellings, (*E. leve.*) Occasionally the efflorescence is observed interspersed with distinct papulæ, (*E. papulatum.*)

*Treatment.*—Gentle laxatives and mild tonics, as inf. aurant, &c. will be all sufficient, recollecting that if its origin is referrible to any decided disease, it should be treated accordingly.

*E. nodosum* is of rare occurrence in children. It consists of large rose-coloured oval patches on the anterior part of the leg, acutely painful, which fade, becoming dusky in about a week. Sometimes it consists of rose-coloured tubercular lumps thickly strewed over the leg or arm with surrounding efflorescence.

**ECZEMA.** An eruption of small, pearly, or brownish vesicles, closely crowded, with little surrounding inflammation, and no decided febrile symptoms;

non-contagious, and is excited by various causes, as the heat of the sun, (*E. solare,*) or lytta, tart. ant., cachew oil, or mercury; or by internal irritation, or from drinking draughts of cold water, or acid, or sub-acid fruits eaten in the heat of summer.

*Treatment.*—This is simple, consisting of mild laxatives, with infus. cascara, or columbo, and ac. sulph. dilut. or other vegetable tonic. Underwood recommends the juice of sium aquaticum, coch. j.; ad v. given in new milk. The local applications should be tepid water, bread poultice, or strained gruel. If there is much ulceration the ungt. plumbi dil. or ungt. cetacei, and a little pulv. opii may be used.

**PITYRASIS** consists of progressive exfoliations of thin scales, unattended by a fluid discharge, is non-contagious, and arises from chronic inflammation affecting the cuticle.

*P. capititis*, or dandriff, is to be removed by simple ablution; when the laminae become a hardened crustaceous mass, (*P. scabida,*) the hair should be cut closely after the crust has been softened by tepid ablution, or warm poultices, and a cathartic given.

On the breasts of children of ten or twelve years old, there are sometimes light brown scales attended with itching, (*P. versicolor,*) and the discolouration is variegated. It may be checked by an alkaline liniment, composed of liq. potass. 3ij.; aqu. rose, ℥vss. In case of present debility, decoct. sarsa. and sulph. acid should be given.

**PSORIASIS. Scaly Tetter.** It is non-contagious, occurring in irregularly circumscribed scaly patches, of a red or brownish colour, interspersed with fissions. These patches are of various sizes. The disease is accompanied by intense itching and heat, increased by elevation of temperature or friction, which sometimes produces deep ulceration, from which purulent fluid is secreted, which concretes with the small furfuraceous laminae detached from the scales, and produces a more elevated crust.

*Treatment.*—In the early stage the bowels should be kept freely opened, and the lightest form of diet used; the diseased skin preserved by light covering from mechanical irritants, and rest enjoined. For allaying constitutional irritation, a draught of mist. camph. and spt. ath. nitric may be given twice a day; and small dose of ext. hyoscyami at night. In psoriasis of a dry description, much benefit is derived from v., x., or xij. drops of ac. sulph. dil. twice a day, with sago and broths. In the incipient stage, tepid water, or a very light and moist bread poultice, frequently applied, or warm vapour bath is all sufficient. The disease is often aggravated even by liq. plumb. subac. dilut., though much benefit may be derived from the cream or oil of almonds. A laxative should be given invariably every second day, leeches applied round the edges of the scales, and if the pulse is very full, venesection should be practiced. To relieve local irritation, use fomentations of belladonna, watching, however, its effects, as coma, delirium, and dark purple inflammation of the fauces, have occasionally resulted. When the inflammatory symptoms abate, sulphur fumigations may be used, combined with the arsenical solution; and the following—R. sulph. precip., 3ss.; potass. supertart., ʒj.; P. jalap, ʒss.; ft. pulv. 18; cap. j., bis in dies—aq. picis, ℥vss. x. omni mane. To these add cinchona if debility supervenes. Solutions of the alkaline sulphurets have been found ef-

ficacious; and decoct. dulcamara, with alteratives and change of air, has been successful in a case of two years standing. Much benefit has resulted from the pill. hyd. sub. c. Lotio flava is often very beneficial in the second stage, when the scales have been detached by the liq. potass, or acid muriat. In this state if the skin is pale, use the ungt. hyd. nitr. mit. Psoriasis of the lips, especially that tumid and fissured state of the lower lip, always indicates chronic inflammation or irritation of the viscera: leeches on the abdomen will often cure this when local remedies and purges have failed.

**Porrigo.** "A contagious pustular disease terminating in incrustation."

*Porrigo farosa*, (*syn. Tinea capitis—Tinea farosa—Scabies capitis farosa—Teigne faroue, scald head,*) "is marked by the eruption of favi;" large, flat, light yellow pustules, occurring on all parts of the skin, but mostly about the ears, the occiput, mouth, and forehead, attended with considerable irritation, but no fever. The favi soon become confluent, and breaking, pour out a very glutinous purulent secretion, which concretes into yellow, olive-coloured, or brown crusts.

The treatment consists in mild cases in a purgative, succeeded by a mild laxative every morning, and sponging with tepid water, and a poultice to the sore surface to remove the scabs. The effect of laxatives frequently is to check the eruption, and prevent a fresh crop, which is aided by the addition of alteratives, as hyd. cum. soda, hyd. oxyd. nigr. in children of a gross habit; and where there is a strumous diathesis by mineral acids, solut. tart. of iron, the mur. barytes, or the alkaline chlorurets, especially the chloruret of soda. When inflammatory action subsides, if healing is not in progress, we may use ungt. picis, p. j.; ungt. sulph., p. ij. The French use with antiphlogistics, cataplasms and blisters to the arm. In very stubborn cases, equal parts of nitric acid, oil, and water, will be very efficacious.

*Porrigo scutulata*, (*Ring-worm of the scalp—Pustular ring-worm,*) consists of patches of yellow aches, detached, often remote, situated chiefly on the scalp, or other parts covered by capilluli.

**Treatment.**—The same constitutional means are to be resorted to as in the farosa. The local means are tepid ablution, poultices, and gently to detach and remove the destroyed hairs. When inflammation has been thus allayed, astringents, as sulph. cupri in solution or powder, the infusion of galls, the solut. of chloruret of soda, or deuto-ioduret of mercury with æther, may be applied, or the lotio arg. nitrat. The calx. hydrarg. alb. may be cautiously used to destroy the diseased glands. The following is used in Paris:—R. j. sod. alican. 5ij.; potass. sulph. 3ij.; lard, 5ij. M. used daily after poulticing. The decoct. tabaca has succeeded after other means have failed; it requires caution. Professor Hamilton's plan during the early stages, is to apply warm vinegar every night, followed by friction, with u. hyd. nit. mit. which was mostly successful.

When the scabs are dry, use liq. potass. or dilute nitric acid to soften them, then a poultice, and lastly, the inf. gallæ to restore the tone of the part. To detrade the hairs, apply three or four times the pulv. hellebori. alb. and ungt. picis, lukewarm: covering the head with an oil-skin cap, the loose hairs may after these applications be easily extracted. If the skin remain indurated, rub in ungt. hyd. and sulph. precip. p. xq. or wash with alcohol twice or thrice a day.

**PARONYCHIA**, and **ONYCHIA MALIGNA**, are more properly in place in surgical treatises; we shall therefore pass them, and say for the same reason but a few words respecting *Pterygion*, *Fleshy caruncle*, or the *Fungous excrescence* vulgarly termed "growth of the nail into the flesh." Mr. D. after describing several approved methods of relief, gives a decided preference to the method of Mr. Durlachre. "It consists in cautiously cutting through the nail, with a very small knife, and without dividing or wounding the cuticle interposed between its under surface, and the sensitive structure beneath it; then with a minute pair of forceps, raising and detaching the nail." This mode gives little or no pain, and having practised it, we can testify to its superiority over every other method we have tried.

**EBYSIPELAS**, *St. Anthony's Fire*, "is a diffused and irregularly circumscribed inflammation, of a somewhat shining appearance, frequently characterised by vesication." Mr. D. considers it under the heads of atomic and acute. As our limits do not permit us to condense the substance of his remarks on these two forms, into the space of a few lines; nor to give interest in so brief a view to a subject on which elaborate essays have been written, we shall proceed to the consideration of those diseases which follow.

**LEPRA**, *Leprosy*, is defined "a deposition of dusky or whitish scales, usually assuming in *Lepra vulgaris* nearly a circular form. These circles are marked by fissures of a light olive colour, and are surrounding a central space, which, as well as the external margin, is of a rose-coloured inflammatory blush. The edges of these squamae are slightly elevated, the circle being seldom complete, but broken by one or two wide, red fissures."

*Lepra alpoides* is a disease of much milder character, the scales being thinner, smaller, and of a more pearly hue. Seldom assuming an annular form; spreading longitudinally.

*Treatment*.—In the incipient stage enjoin a regulated diet and laxatives. If the disease occurs during lactation, change the wet nurse. To relax the stiffness of the skin, use the warm bath, or cream, or bran and water. To detach the scales, use dilute alcohol or muriatic acid, or liq. potassæ, and give internally decoc. dulcamara, and potassæ sulphas, very freely. When exfoliation occurs, use ungt. hydr. nitrat. On the subsidence of inflammation, sulphur fumigation may be freely employed, or lotions of dilute sulphuric acid. To aid in restoring tone to the relaxed vessels, benefit will result from the decoc. dulcamara. the solut. min. or ferri tart. or decoc. sarsæ.

Artificial Harrogate water, made of soda mur. libij. mag. sulph. 3ij. potass. sulphuret. libj. aq. cong. 34, bull. ad. 98°, is a valuable bath, in which the child may be immersed thrice in a week.

In stubborn cases, a regular mercurial course is to be adopted.

**MILLARIA**, *Suette miliaire*, is an eruption of minute pearl-coloured vesicles, surrounded by a very faint pink margin, and sometimes by a rose-coloured efflorescence, (*Rosella miliaris*.) We should employ a decidedly cooling treatment, adapting at the same time those internal antiphlogistic remedies which may correspond with the peculiar concomitant type of fever.

**POMPHOLIX** consists of transparent bladders, from the size of a swan-shot to that of a filbert; commencing with small papulæ, speedily becoming whitish, like the wheals of urticaria, and subsequently filled with transparent fluid imparting a cerulean hue to them, which in two or three days is tinged with yel-

low, and is soon discharged. The cuticle heals spontaneously if preserved from friction.

Pruriginous papulae are often interspersed among the bullæ, (*Pomph. pru-*  
*ginosus.*)

The treatment consists in the use of laxatives, with light poultices to the ulcerations, or fomentations with liq. plumb. if there is inflammation; and of vin. opii dilut. if there is pruriginous irritation.

We come now to Mr. D.'s fourth division "Diseases consequent to Specific Infection." These are rubiola, scarlatina, varicella, vaccinia, variola, *pestis* and *syphilitic eruptions*, we do not think the two last can be properly included. It comprises an order of diseases, which, from their greater importance, have been more studied and are better understood than most other diseases of the skin. Some of them are still the subjects of ingenious and elaborate research.

As we cannot do justice to their importance in the narrow limits of a review, we shall content ourselves with a bare description of the eruption or efflorescence.

**RUBIOLA.** *Rubole.*—*Morbilli.*—*Measles.* On the fourth or fifth day, (of the fever,) the skin appears covered with small red spots, very slightly raised, which coalesce and form red patches of various shapes; some are circular and annular, others like extensive papulae, but the greater part assuming the form of a crescent.

**SCARLATINA.** *Scarlet fever,* consists of a diffused efflorescence, of a bright pink or scarlet hue. In the *simplex* it appears on the neck and face in pink spots, speedily coalescing in two or three days to one diffused efflorescence, which has not the crescentic form or light crimson hue of measles. Papulae are often, and vesicles sometimes present.

**VARICELLA.** *Variola pusilla.*—*Bastard-pock.*—*Chicken-pock, &c.* In the mild form of this disease, it consists of vesicles which are scattered, having a very faint pink hue around them. In the more aggravated forms, they approach to the character of variolous pustules. The eruption generally appears first on the breast: on the day subsequent to the appearance of the small incipient papulae, it assumes a distinct vesicular character in the centre; these enlarge and are sometimes filled with a yellow purulent fluid about the fourth day, when they begin to subside, are flaccid at the edge, and on the fifth day brown-yellow crusts are formed.

**VACCINIA.** *Kine-pock, &c.* When the lymph is successfully inserted, after the lapse of forty or fifty hours a small red spot appears; about the fifth day, the papula having continued to increase, a small pearly vesicle is perceived; on the seventh or eighth day, a slight depression is visible on it, and a more distinct annular form and a pink or rose-coloured ring is apparent. An elevated border is formed at the edge of the vesicle, consisting of a number of small vesiculae, usually in distinct cells. On the ninth day the rosy blush has spread, and attains its height on the tenth.

**VARIOLA.** *Small-pox, &c.* On the third or fourth day of the eruptive fever, small papular spots appear, first on the face and then on the breast; on their appearance the fever remits, and mostly subsides on the fifth or sixth day; when the papulae vesiculate and becomes slightly depressed in the centre, a light red margin is perceived around it, and a fainter blush more diffused. On the eighth

day, the eruption becomes decidedly pustular, and "on the tenth day the disease may be termed at its acme." Of the *varioloïd pustule* we do not feel authorised to attempt a description, as it admits of such a variety of appearance, and the disease itself is now universally admitted to be small-pox modified.

The last division, consisting of "local diseases usually accompanied by little or no constitutional derangement," comprises a few affections of comparatively little importance, as *Clavis*, (corn,) *Verruca*, (wart,) *Lentigo*, (freckles,) *Pernio*, &c. of which we shall take no further notice. There is, however, one among this order which is worthy of more consideration. It is

*SCABIES, Psora, La gale, or Itch*, which is divided into three species, the *S. papuliformis*, the *S. lymphatica*, and the *S. purulenta*.

The first, the pimply or rank itch, is an eruption of minute papuliform vesicles, preceded and accompanied by itching which becomes more intense as the vesicle is developed, and is aggravated by elevation of temperature. "It usually occurs first in the flexures of the joints, or on the breast. Among these minute vesicles, are often interspersed both vesicles of a larger size, and even phlyzacious pustules." The abrasion of the vesicles results in small blackish spots, which sprinkle the skin, and the frequent scratching produces numerous red parallel lines in clusters.

The lymphatica, or watery itch, closely resembles eczema solare, and herpes phlyctenodes. It is an eruption of large transparent vesicles, with little surrounding inflammation. They occur almost exclusively about the flexures of the joints, accompanied by severe itching.

Many of the vesicles burst in a short time, and form a small brown crust. Others become pustular, surrounded by a deeper and more extensive blush, and soon terminate in ulceration and consequent incrustation.

The *S. purulenta*, or pocky itch, "consists of large lemon-coloured pustules, usually occurring on the back of the hand, between the forefinger and thumb, on the feet, on the arms and legs, and in neglected cases, extending even to the fossa of the nates."

They are marked by an extensive blush of an inflammatory character. Sometimes the pustules coalesce, ulcerate, and are subsequently covered by a firmly-adhering, dark-brown scab.

*Treatment.*—The most generally efficacious remedy is sulphur, which indeed is the basis of the major part of the formulæ in use. In mild cases, particularly of *Scabies lymphatica*, the internal use of sulph. precipitat. will often effect a cure. In the more severe forms, the local application of this mineral, in the form of ointment, lotion, or fumigation, is essential, and may be combined with its internal use.

A number of formulæ are given by Mr. D. which we do not think it requisite to transcribe. Tonics are proper in cachectic cases.

Before we take our leave of Mr. D. we may remark in relation to the literary execution of his work, that he has fallen into several puerilities and affected modes of expression, which do not add to its perspicuity or beauty, and his not unfrequent quotations from ancient and modern poets and authors, (which almost invariably have a tendency to enervate the style, especially of a work professedly scientific,) forcibly reminded us of the passage, "he has been to a feast of languages, and stolen all the scraps."

C. B. M.